

St. Michael Roman Catholic Church

**CONSENT AND RELEASE FORM**

(Required for those under age 18)

Event Information: Midnight Run

Friday April 6<sup>th</sup> 2018

Set up: 5:00-8:00; Run: 8:00-12:00

No cost

***Participant Information***

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

***Parent/Guardian Information***

Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

***Emergency Contact Information*** [Other than parents, in case parents cannot be reached]

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Information [Even if no medical conditions exist, please fill in your physician and insurance information]

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies and special health conditions: \_\_\_\_\_

**Consent and Release Form**

[Please read the following very carefully]

**General:** I hereby give permission for my child to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well being of my child. I individually and on behalf of my child named above, do hereby release, covenant not to sue, and save harmless: St. Michael Roman Catholic Church, the Diocese of Paterson, and all employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my child as a result of their participation in this event.

**Photo:** I give permission for my child to be photographed at the above event by St. Michael Church or their representative. These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

**Medical:** I request the St. Michael representative obtain medical treatment for my child in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment.

***Parents: Please write initials for the following statement***

\_\_\_\_\_ I recognize and acknowledge that should any misconduct occur, the participant will be asked to withdraw from the program mentioned above. I agree to be responsible for any cost incurred for the participant's return home, in the event of withdrawal.

**Participant**

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian:**

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

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